

City of Yuma Animal Shelter

102 North Birch Street • Yuma, CO 80759

ADOPTION APPLICATION

First				Name					
Address				City/State	Zip	Code			
Home #			Work #		Cell #				
Email			Date						
Name of do	g(s) you ar	e interested ir	l						
How long h	ave you be	en at your cur	rent address_						
louse typeOwn or Rent									
Landlord Na	ndlord NameLandlord #								
Current pet	info (spec	ies, name, age	, spay/neuter,	shots)					
Pet	1								
How	do		feel	about	spaying/neutering	your	new		
					many children?				
Age(s) of cl	nildren			Applicant	age				
					?				
Is anyone ir	the family	y allergic to do	gs?						
Is anyone h	ome during	g the day?		If so, who?					
How many	hours will	the dog be hor	ne alone on av	erage during the	day?				
How do you	ı plan to in	tegrate the dog	g into your eve	ryday home life?					
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Where will th	ne dog be when you are away	from home for short periods or during your work day?					
Where will th	ne dog be when you are at ho	me?					
Where will th	ne dog sleep?						
		for a few days?					
How will you	deal with the following poss	sible situations:					
•	Fence Jumping						
•							
	_						
•	Chewing						
•	Housebreaking Accidents						
•							
•	Incompatibility with other	pets					
•	Illness in dog						
Veterinarian 1	Name	Veterinarian phone					
Do you have	a fenced yard?	_If yes, what type?					
What is the fe	ence height at the lowest poir	nt?					
If you do not	have a fence, how will the de	og get exercise and do his "business"?					
It is CoYAS p	policy to do a home visit. Do	you object to this?					
How do you p	plan to train the dog?						
		Will the dog be riding in the back?					
Do you know	the local/county ordinances	where you live?					
-	,	-					

Contact: Laura Thompson • 970-360-9801



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CoYAS representative comments:								

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